

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be reimbursement of \$330.00 for dates of service, 1-29-01, 3-6-01 and 4-11-01.
- b. The request was received on 1-11-02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60 and Letter Requesting Dispute Resolution dated
  - b. HCFA(s)
  - c. EOBs
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. Response to a Request for Dispute Resolution dated
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 6-26-02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 7-2-02. The response from the insurance carrier was received in the Division on 7-15-02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: Letter dated 1-7-02:

"The above listed claimant has had medical service(s) that were rendered in good faith, we have made our every attempt to resolve this issue by appeal to the insurance carrier for request of reconsideration...These claims have been mailed, faxed and attempted T/C with no response from carrier."

## 2. Respondent: Letter Dated 7-15-02:

“Carrier reduced payment to a fair and reasonable rate, denying the service in question, CPT Code J1040, because it was improperly unbundled. On page 71, the *Spinal Treatment Guidelines* specifically comment that ‘ESIs *must* be performed under fluoroscopic control...’. Thus, the Provider’s argument that it is optional is not correct or does not comport with the *Guidelines*. As such, it is part of the global fee and Carrier correctly denied payment as noted in its EOB to the Provider.”

## IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on 1-29-01 and extending through 4-11-01.
2. The Carrier has denied the disputed services as reflected on the EOBs as, “\*00118 – INCLUDED IN ANOTHER BILLED PROCEDURE”.
3. The following table identifies the disputed services and the Medical Review Division’s rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
1-29-01 3-6-01 4-11-01	76000 WP 76000 WP 76000 WP	\$150.00 \$150.00 \$150.00	\$-0- \$-0- \$-0-	*00118 *00118 *00118	\$110.00	Advisory 97-01 MFG Descriptors SGR (II) (A) (B) (1)	Per the medical documentation dated 1-29-01, 3-6-01, and 4-11-01; fluoroscopy was performed. According to the EOB, the carrier denied the fee as global. Per TWCC Advisory 97-01, the fluoroscopy can be billed separately as long as the doctor has documentation to show medical necessity. The medical documentation of for the above dates of service indicates that fluoroscopy was performed to, “...best localize the proper epidural space and side...” Based on the above documentation, reimbursement is recommended for the above dates of service in the amount of \$330.00.
<b>Totals</b>		\$450.00	\$-0-				The Requestor is entitled to reimbursement in the amount of <b>\$330.00</b>

**V. ORDER**

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$330.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 7th day of August, 2002.

Lesa Lenart, RN  
Medical Dispute Resolution Officer  
Medical Review Division

LL/ll

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.